| <u>.                                    </u>  |                                  |   |                  |                                  |              |                  |          | Application or Docket Number |                        |        |            |                        |  |  |
|---|----------------------------------|---|------------------|----------------------------------|--------------|------------------|----------|------------------------------|------------------------|--------|------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECOR  |                                  |   |                  |                                  |              |                  |          |                              |                        |        | _          |                        |  |  |
| Effective October 1, 2003   |                                  |   |                  |                                  |              |                  |          |                              | 10725909               |        |            |                        |  |  |
| CLAIMS AS FILED - PART I  |                                  |   |                  |                                  |              |                  |          | ALL E                        | NTITY                  |        | OTHER      | THAN                   |  |  |
|   |                                  | ·   | (Column          | n 1) (Column 2)                  |              |                  | TYF      | TYPE                         |                        | OR     | SMALL      | ENTITY                 |  |  |
| TOTAL CLAIMS  |                                  |   | B                |                                  |              |                  | F        | RATE                         | FEE                    |        | RATE       | FEE                    |  |  |
| FOR   |                                  |   | NUMBER FILED     |                                  | NUMBER EXTRA |                  | ВА       | BASIC FEE 385.00             |                        | OR     | BASIC FEE  | 770.00                 |  |  |
| TOTAL CHARGEABLE CLAIMS   |                                  |   | 13 minus 20=     |                                  | * 8          |                  | ×        | X\$ 9=                       |                        | OR     | X\$18=     |                        |  |  |
| INDEPENDENT CLAIMS .  |                                  |   | = 2 minus 3      |                                  | * 6          |                  | ×        | X43=                         |                        | OR     | X86=       |                        |  |  |
| MU  | LTIPLE DEPEN                     | NDENT CLAIM P                             | RESENT           | ESENT /                          |              |                  | +        | 145=                         |                        | OR     | +290=      |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |                                  |   |                  |                                  |              | olumn 2          | T(       | OTAL                         |                        | OR     | TOTAL      | 7.70                   |  |  |
| CLAIMS AS AMENDED - PART II   |                                  |   |                  |                                  |              |                  |          |                              |                        |        | OTHER      | THAN                   |  |  |
|   | (Column 1) (Column 2) (Column 3) |   |                  |                                  |              |                  |          | MALL                         | ENTITY                 | OR     | SMALL      | ENTITY                 |  |  |
| AMENDMENT A   |                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUMI<br>PREVIC<br>PAID I | BER<br>OUSLY | PRESENT<br>EXTRA | R        | ATE                          | ADDI-<br>TIONAL<br>FEE |        | RATE       | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total                            | *   | Minus            | **                               |              | ,=·              | X        | \$ 9=                        |                        | OR     | X\$18=     | P. A                   |  |  |
|   | Independent                      | *   | Minus            | ***                              |              | =                | X        | 43=                          |                        | OR     | X86=       |                        |  |  |
| Ĺ   | FIRST PRESE                      | NTATION OF M                              | JLTIPLE DEF      | PENDENT                          | CLAIM        |                  |          | 45=                          |                        | OR     | +290=      |                        |  |  |
|   |                                  |   |                  |                                  |              |                  |          | TOTAL                        |                        |        | TOTAL      |                        |  |  |
|   | ,                                |   |                  |                                  |              |                  |          | ADDIT. FEE OR ADDIT. FEE     |                        |        |            |                        |  |  |
|   | ·                                | (Column 1)                                | 1                | (Colun                           |              | (Column 3)       |          |                              |                        |        |            | 1001                   |  |  |
| AMENDMENT B   |                                  | REMAINING<br>AFTER<br>AMENDMENT           |                  | NUME<br>PREVIC<br>PAID I         | BER<br>OUSLY | PRESENT<br>EXTRA | R        | ATE .                        | ADDI-<br>TIONAL<br>FEE |        | RATE       | ADDI-<br>TIONAL<br>FEE |  |  |
|   | Total                            | *   | Minus            | **                               |              | =                | X        | \$ 9=                        |                        | OR     | X\$18=     |                        |  |  |
|   | Independent                      | *   | Minus            | ***                              |              | =                | X        | 43=                          |                        | OR     | X86=       |                        |  |  |
| L   | FIRST PRESE                      | NTATION OF MU                             | JUIPLE DEF       | ENDENT                           | CLAIM .      |                  | +1       | 45=                          |                        | OR     | +290=      |                        |  |  |
|   | TOTAL                            |   |                  |                                  |              |                  |          |                              |                        |        | TOTAL      |                        |  |  |
| (Column 1) (Column 2) (Column 3)  |                                  |   |                  |                                  |              |                  |          | T. FEE                       |                        | OR ,   | ADDIT. FEE |                        |  |  |
|   | `                                | (Column 3)                                |                  | :                                | ADDI         | •                |          | ADDI-                        |                        |        |            |                        |  |  |
| AMENDMENT C   |                                  | REMAINING<br>AFTER<br>AMENDMENT           |                  | NUME<br>PREVIO<br>PAID F         | USLY         | PRESENT<br>EXTRA | R/       | ATE                          | ADDI-<br>TIONAL<br>FEE |        | RATE       | TIONAL<br>FEE          |  |  |
|   | Total ·                          | *   | Minus            | **                               |              | =                | X        | 9=                           |                        | OR     | X\$18=     |                        |  |  |
|   | Independent                      | *   | Minus            | ***                              |              | =                | X        | 13=                          |                        | OR     | X86=       | ·                      |  |  |
|   | FIRST PRESE                      | NTATION OF ML                             | JLTIPLE DEP      | ENDENT                           | CLAIM        |                  | 11.      | 45-                          |                        | ı      | +290=      |                        |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                  |   |                  |                                  |              |                  |          |                              |                        | OR     | TOTAL      |                        |  |  |
|   |                                  |   |                  |                                  |              |                  |          |                              |                        | OR ,   | ADDIT. FEE |                        |  |  |
| 7   | he "Highest Num                  | ber Previously Paid                       | d For" (Total or | Independe                        | nt) is the   | highest number f | found in | the app                      | oropriate box          | in col | umn 1.     |                        |  |  |